

# Health Department, City of Baltimore.

Permit No. 801

Office of Registrar of Vital Statistics.

Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ruby Bell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 6 Months,    Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 907 Mulberry St

Cause of Death, { First (Primary), Eastro Enteritis Second (Immediate), Passive Cerebral Congestion }

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, July 2/87

{ Undertaker, J. B. Cook }

T. C. Worthington M. D.  
Medical Attendant.

{ Place of Business, 1003 E. Baltimore Address, 840 W. Fayette }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 802 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John George Homshaw

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 53 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation,  Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Annapolis, Md

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give Street and Number. } 1603 W. Lanfah St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
General Debility

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bracon

Date of Burial, July 2<sup>nd</sup> 1887

{ Undertaker, W. J. Dickman } W. D. Druekman M. D. Medical Attendant.

{ Place of Business, 221 S. Calver St } Address, 401 Lincolnton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death, July 1st 1887  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Richter  
 Sex, Male or Female, { Cross out the word not required in this line. } Male  
 Age, 5 Years, 5 Months,  Days  
 Color, White Sex, Male  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
 Occupation, None  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City Md  
 Duration of Residence in the City of Baltimore, 5 Months  
 Place of Death, { Give street and number. } 521 W Conway St  
 Cause of Death, { First (Primary), Second (Immediate), } Inanition  
 Duration of Last Sickness, 2 Weeks or more  
 All the above information should be furnished by the Physician.  
 Place of Burial, Western Cemetery  
 Date of Burial, July 2nd 1887  
 Undertaker, W J Trickett Jones Medical Attendant, T. Edmund Kirby M. D.  
 Place of Business, 221 S Cutaw St Address 645 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 807 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, June 30<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Bray.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, House Keeper.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Matthew. Co. Va.

Duration of Residence in the City of Baltimore, 9 months.

Place of Death, { Give Street and Number. } 611 North Ave.

Cause of Death, { First (Primary), Second (Immediate), } Remittent Fever.  
Exhaustion,

Duration of Last Sickness, 5 days.?

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 2<sup>d</sup> 1887

Undertaker, Wm. Weaver W. R. Ricketts M. D.

Place of Business, #738 N. Eutan Address, John Doe & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 805 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 29 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis S. McKewen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Police officer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 2026 E Eager St

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption  
Exhaustion

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2/87

Undertaker, James J. Simms M. D.

Place of Business, 307 N. Broadway Address 804 N B Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 806 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Orem or Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, Wks Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 13 E. Church St. between Chas. High

Cause of Death, { First (Primary), Second (Immediate), } Chol. Infant  
Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, July 1<sup>st</sup> 1887

Undertaker, Geo. E. Brown Frank J. Flannery M. D.

Place of Business, Health Office Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 807 Office of Registrar of Vital Statistics. Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30 1887

Full Name of Deceased, Johnny Levin { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 19<sup>th</sup> Years, 19<sup>th</sup> Months, 19<sup>th</sup> Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Lifetimer

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 81100 Stanner { Give Street and Number. }

Cause of Death, Cholera infantum { First (Primary), Second (Immediate), }

Duration of Last Sickness, One two days

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, July 1. 87.

{ Undertaker, David Herman } A. Friedman M. D. Medical Attendant.

{ Place of Business, 803 Low St } Address, 8310 N. Euter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 808 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 30<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Walsh

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give Street and Number. } 848 W. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } Enteritis  
Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 2<sup>nd</sup> 1887

Undertaker, McAdogan

Place of Business, 227 Mulberry St Address, 814 W. Lombard St

H. W. Weber M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



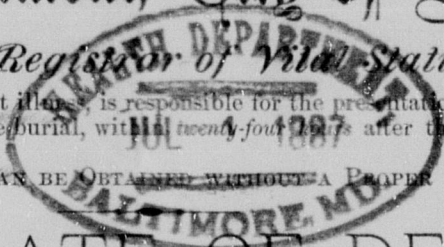
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 809 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 30/87  
Full Name of Deceased, Catherine Altman  
Sex, Male or Female, Male  
Age, 32 Years,  Months,  Days.  
Color, white  
Married, Single, Widow or Widower  
Occupation, Housekeeper  
Birth Place, Baltimore  
Duration of Residence in the City of Baltimore, during life time  
Place of Death, 68 or 785 Burk St.  
Cause of Death, Malaria fever  
Puerperal convulsions + premature labor  
Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel  
Date of Burial, July 2<sup>d</sup> 1887  
Undertaker, R. W. Mansfield M. D.  
Place of Business, 1410 Canton Address, 129 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 810 Office of Registrar of Vital Statistics. Ward 16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary G. Kelly.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 628 N. Lee

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
8 days

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 3<sup>rd</sup> 1887

{ Undertaker, C. F. Manser } R. J. N. Tall. M. D.  
Medical Attendant.

{ Place of Business, 703 Hammer } Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]